

## Fifth Amendment to the IME Professional Services, Provider Services Contract

This Fifth Amendment to Contract Number MED-10-001-B for Iowa Medicaid Services, as amended (the "Contract"), between the State of Iowa, Department of Human Services (the "Agency", "Department" or "DHS") and Policy Studies Inc. (the "Contractor") is made pursuant to Section 22.5 of the Contract. This Amendment is effective as of July 1, 2013. This Amendment modifies, to the extent specified below, the terms and conditions of the Contract.

### Section 1: Amendment to Contract Language

The Contract is amended as follows:

**Revision 1.** Attached to this Amendment is a document entitled "Attachment 2-4," which is incorporated herein by reference. Attachment 2-4 is hereby added to the Contract.

**Revision 2.** Section 5, Scope of Work and Service Requirements, is hereby amended to read as follows:

Services applicable to all Iowa Medicaid Enterprise (IME) contractors are set forth in Section 6 of the Professional Services RFP MED 10-001 and are incorporated herein by reference. Service requirements and performance standards applicable to the professional services component contractors of the IME, including the Provider Services Contractor of the IME, are set forth in the Professional Services RFP, MED-10-001. If there are any changes or additions these are found in Attachments 2, 2-1, 2-2, 2-3, and 2-4.



**Revision 3.** The Contract is hereby amended by replacing Schedule A: Payment Schedule, which was incorporated into the Contract through the Fourth Amendment, with the document attached hereto as Schedule A: Payment Schedule.

### Section 2: Ratification, Authorization & Contingency

Except as expressly amended and supplemented herein, the Contract shall remain in full force and effect, and the parties hereby ratify and confirm the terms and conditions thereof. Each party to this Amendment represents and warrants to the other that it has the right, power, and authority to enter into and perform its obligations under this Amendment, and it has taken all requisite actions (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Amendment, and this Amendment constitutes a legal, valid and binding obligation upon itself in accordance with its terms. This Amendment is subject to and contingent upon CMS approval.

### Section 3: Execution

**IN WITNESS WHEREOF**, in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above Amendment and have caused their duly authorized representatives to execute this Amendment.

Contractor, Policy Studies Inc		Agency, Iowa Department of Human Services	
Signature of Authorized Representative: 	Date: 6/21/13	Signature of Authorized Representative: 	Date: 6-28-13
Printed Name: <del>Bruce Perkins</del> ADAM POLANICK		Printed Name: Charles M. Palmer	
Title: Vice President		Title: Director	

## Attachment 2-4

**Summary:** After June 30, 2013, PSI will continue support activities based on provisions in the American Recovery and Reinvestment Act (ARRA) as a continued expansion of scope under the current Provider Services contract. This is the amendment for that continuation. The scope of work ("HIT scope") has been described in prior contract amendments, most recently, the fourth amendment to the contract # MED-10-001-B. The pricing for the HIT scope in that amendment ends on June 30, 2013, consistent with prior amendments and the original contract. Payment in this amendment is for work performed by a Project Manager (primarily handling oversight of the HIT project) and two Program Specialists (primarily handling EHR incentive payment details) to assist with operational scope involved and from July 1, 2013 through June 30, 2016. For the scope of work as outlined in the Fifth Amendment the fixed price is \$328,800 annually billed as equal monthly installments for three years beginning July 1, 2013 and running through the end of the Contract (including all option years) on June 30, 2016. The prior amendment (fourth) also included an Analyst position that is not included here. The lower pricing reflects that change.

**HIT and Healthcare Reform Project - Scope of Work and Key Activities:** In compliance with Federal regulations outlined in 42 CFR 495, PSI will manage the operations of the EHR incentive payment program. This includes tweaking the processes as the program is implemented to achieve maximum effectiveness and efficiencies; Identify and reach out to providers who have not adopted EHR technology to identify barriers and to encourage adoption; and Support efforts to implement health care reform initiatives.

### **Key Activities:**

- Management of the EHR Incentive Payment Program
- Management of systems and process modifications to support paying provider incentives for the adoption and meaningful use of certified technology.
- Monitor provider adoption of electronic health records
- Research barriers to EHR adoption.
- Plan and execute outreach to providers to encourage them to adopt and meaningfully use electronic health records.
- Plan, develop and implement a program to provide technical assistance to providers for the adoption and meaningful use of EHR. This program will coordinate with and not duplicate efforts of the Iowa HIT Regional Extension Center.
- Educate providers on the EHR incentive payment program
- Communicate with providers regarding status of their EHR application
- Provide application instructions to providers, including directing them to the CMS registration and attestation system
- Process provider applications for the EHR incentives.
- Conduct verification activities, in coordination with the Program Integrity Unit.
- Provide consolidated project tracking and reporting for all Health Information Technology projects
- Provide weekly status reports regarding HIT project(s) status, items completed, work planned for the next week (including meetings), outstanding action items and issues
- Update the State Medicaid HIT Plan annually or as needed for new initiatives
- Update the HIT I-APD as needed
- Provide HIT I-APD budget planning and tracking
- Provide quarterly update reports for CMS regarding progress on the HIT I-APD
- Participate in the HIT Regional Extension Center advisory council as directed by the Department

- Participate in the Iowa e-Health advisory council and workgroups as directed by the Department
- Represent Iowa Medicaid Enterprise in presentations and workshops related to Health Information Technology as directed by the Department
- Attend regional and national conferences related to Health Information Technology as directed by the Department, including the Annual CMS HITECH conference and ONC HIT Grantee conference.
- Schedule and facilitate monthly status meetings with the project steering team (HIT Project Director, Assistant Medicaid Director, and Medicaid Director) and Provider Services Unit Manager
- Support and track projects related to Health Information Technology as directed by the Department. Currently known projects include:
  - Jointly host an annual e-Health Summit conference with Iowa eHealth and the HIT Regional Extension Center
  - Medicaid members access to personal health records
  - Application of HIT to reduce costs and/or improve quality outcomes
  - Program evaluation and environmental scans
- Maintain a project library that includes the project deliverables, links to relevant resources, and supporting research
- Document and place in document library all meeting minutes following all meetings with internal and external entities and/or project meetings in which decisions were made or actions items assigned

### **Deliverables**

- EHR Incentive Payment Operational Procedures for provider services
- Business Requirements for all systems changes requested
- Annual Reports that include:
  - Medicaid Provider Adoption of Electronic Health Records - including percent adoption, compared to state-wide data as available.
  - Current barriers to EHR adoption
  - CMS performance reports
- Quarterly report that includes:
  - # providers applying for incentive
  - # of payments made , total dollars distributed, broken down by provider type
  - Average length of time from application to payment
  - Summary of provider outreach efforts to adopt EHR
  - CMS required I-APD quarterly progress report
- Project plan for outreach to providers

The project manager is responsible for producing the following deliverables for each project, within the timelines agreed upon by the Department's Project Director:

- Business Requirements
- Project Plan
- Test Plan
- Monthly Project Status Report documenting progress, plans, issues and risks

### **Performance Measures**

- Project work plan must be updated at a minimum every 21 calendar days.

- By the 5th of each month following the end of the month, submit monthly project status reports to the Department
- By the 10th of the month following the end of the quarter, submit quarterly reports to the Department
- Within 30 days of contract commencement, work with program integrity group to draft EHR incentive payment operational procedures for provider services scope
- Project documents will be delivered within the timeframes agreed upon between the contractor and the Project Director in the project charter

**MED-10-001-B**  
**Schedule A: Payment Schedule**

Contract Time Period	Month of Service	Invoice Amount	SFY Total
SFY11	July-10	\$241,335.08	SFY11: \$3,087,054.82
	August-10	\$241,335.08	
	September-10	\$241,335.08	
	October-10	\$241,335.08	
	November-10	\$241,335.08	
	December-10	\$241,335.08	
	January-11	\$267,046.01	
	February-11	\$267,046.01	
	March-11	\$278,213.08	
	April-11	\$276,433.08	
	May-11	\$276,093.08	
	June-11	\$274,213.08	
	July-11	\$281,077.45	
	August-11	\$281,077.45	
SFY12	September-11	\$283,102.45	SFY12: \$3,393,674.12
	October-11	\$283,102.45	
	November-11	\$283,102.45	
	December-11	\$283,102.45	
	January-12	\$283,102.45	
	February-12	\$283,102.45	
	March-12	\$273,910.38	
	April-12	\$273,910.38	
	May-12	\$273,910.38	
	June-12	\$311,173.38	
	July-12	\$333,648.53	
	August-12	\$312,148.13	
	September-12	\$312,148.13	
	October-12	\$312,148.13	
SFY13	November-12	\$312,148.13	SFY13: \$3,767,277.96
	December-12	\$312,148.13	
	January-13	\$312,148.13	
	February-13	\$312,148.13	
	March-13	\$312,148.13	
	April-13	\$312,148.13	
	May-13	\$312,148.13	
	June-13	\$312,148.13	
	July-13	\$310,144.41	
	August-13	\$310,144.41	
	September-13	\$310,144.41	
	October-13	\$310,144.41	
	November-13	\$310,144.41	

Contract Time Period	Month of Service	Invoice Amount	SFY Total
	December-13	\$310,144.41	
	January-14	\$310,144.41	
	February-14	\$310,144.41	
	March-14	\$310,144.41	
	April-14	\$310,144.41	
	May-14	\$310,144.41	
	June-14	\$310,144.41	SFY14: \$3,721,732.92
SFY15	July-14	\$319,154.41	
	August-14	\$319,154.41	
	September-14	\$319,154.41	
	October-14	\$319,154.41	
	November-14	\$319,154.41	
	December-14	\$319,154.41	
	January-15	\$319,154.41	
	February-15	\$319,154.41	
	March-15	\$319,154.41	
	April-15	\$319,154.41	
	May-15	\$319,154.41	
	June-15	\$319,154.41	SFY15: \$3,829,852.92
SFY16	July-15	\$326,792.91	
	August-15	\$326,792.91	
	September-15	\$326,792.91	
	October-15	\$326,792.91	
	November-15	\$326,792.91	
	December-15	\$326,792.91	
	January-16	\$326,792.91	
	February-16	\$326,792.91	
	March-16	\$326,792.91	
	April-16	\$326,792.91	
	May-16	\$326,792.91	
	June-16	\$326,792.91	SFY16: \$3,921,514.92
Grand Total (including optional extensions)		\$21,721,107.66	